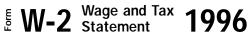
a	Control number	55555	Void		ial Use Only 1545-0008	/►							
b	Employer's identification		1 Wages, tips, other compensation 2 Federal income tax withhe						e tax withheld				
c Employer's name, address, and ZIP code						3 Social security wages					Social se	ecurity	tax withheld
						5 Medicare wages and tips					6 Medicare tax withheld		
						7 Social security tips					8 Allocated tips		
d Employee's social security number						9 Advance EIC payment 10 Dependent care ber						re benefits	
e	Employee's name (first	, middle initial, las	st)			11 [Nonqualified	d plans		12	Benefits	incluc	led in box 1
						13 5	See Instrs.	or box 13		14	Other		
f	Employee's address ar	nd ZIP code				15 Stat emp	utory Deceas bloyee	ed Pension plan	Legal rep.	e	shld. Su mp.	btotal]	Deferred compensation
16 	State Employer's sta	te I.D. No. 1	17 State w	ages, tips, etc.	18 State ir	ncome ta	ax 19 Loo	cality name	20 Loca	il wage	es, tips, etc.	21 L	ocal income tax
	W-2 Wage State by A For Social Securi] 9	Cat. No. 101	134D		Departmen			erwork Re	ducti	evenue Service ion Act Notice, ie instructions.



a Control number							
		OMB No. 1545-0008	5				
b Employer's identification	on number	I	1 Wages	s, tips, other compe	nsation	2 Federal	income tax withheld
c Employer's name, add	3 Socia	I security wages		4 Social security tax withheld			
			5 Medic	care wages and ti	ps	6 Medicar	e tax withheld
			7 Socia	I security tips		8 Allocate	d tips
d Employee's social sect		9 Advar	nce EIC payment		10 Dependent care benefits		
e Employee's name, add		11 Nonq	ualified plans		12 Benefits included in box 1		
			13			14 Other	
			15 Statutory employee	Deceased Pension plan	Legal rep.	Hshld. Si emp.	ubtotal Deferred compensation
16 State Employer's sta	te I.D. No. 17 State	wages, tips, etc. 18 State	income tax	19 Locality name	20 Local	I wages, tips, etc.	21 Local income tax
1							





Copy 1 For State, City, or Local Tax Department

a Cont	rol number		OMB No. 1	1545-0008							
b Employer's identification number						1 Wages, tips, other compensation 2 Federal income tax					
c Employer's name, address, and ZIP code						al security wages		4 Social security tax withheld			
						licare wages and	tips	6 Medicare tax withheld			
						al security tips		8 Allocated tips			
d Emp	loyee's social sec		9 Adva	ance EIC paymen	t	10	Depende	nt care benefits			
e Employee's name, address, and ZIP code						qualified plans		12 Benefits included in box 1			
					13 See	Instrs. for box 13		14	Other		
					15 Statutory employee	e Deceased Pension plan	Legal rep.		shld. Su np.] _	btotal Deferred compensation	
16 State	Employer's sta	te I.D. No.	17 State wages, tips, etc.	18 State i	income tax	19 Locality name	20 Loca	l wage	s, tips, etc.	21 Local income tax	

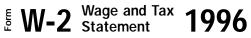
Wage and Tax 1996

This information is being furnished to the Internal Revenue Service.



Copy B To Be Filed With Employee's FEDERAL Tax Return

a Control number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b Employer's identification number		1 Wages, tips, other compensation 2 Federal income tax v					
c Employer's name, address, and ZIP code		3 Social security wages 4 Social security tax					
		5 Medicare wages and tips	6 Medicare tax withheld				
		7 Social security tips	8 Allocated tips				
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits				
e Employee's name, address, and ZIP code		11 Nonqualified plans	12 Benefits included in box 1				
		13 See Instrs. for box 13	14 Other				
		15 Statutory Deceased Pension Legal plan rep.	Hshld. Subtotal Deferred emp. compensation				
16 State Employer's state I.D. No. 17 State	wages, tips, etc. 18 State	income tax 19 Locality name 20 Lo	cal wages, tips, etc. 21 Local income tax				





Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Notice to Employee

Refund.—Even if you do not have to file a tax return, you should file to get a refund if box 2 shows Federal income tax withheld, or if you can take the earned income credit.

Earned Income Credit (EIC).—You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 1996 if (1) you do not have a qualifying child and you earned less than \$9,500, (2) you have one qualifying child and you earned less than \$25,078, or (3) you have more than one qualifying child with valid SSNs and you earned less than \$28,495. Also, you cannot claim the EIC if you have more than \$2,350 in investment income. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,291 of the EIC in advance by completing Form W-5.

Caution: At the time this notice was printed, Congress was considering changes to the EIC. See your 1996 income tax return instructions and Pub. 596 for a detailed explanation of EIC and any changes made to it. You can get these items by calling 1-800-TAX-FORM (829-3676).

Corrections.—If your name, social security number (SSN), or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file **Form W-2c**, Statement of Corrected Income and Tax Amounts, with the Social Security Administration (SSA) to correct any name, amount, or SSN error reported to the SSA on Copy A of Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any Social Security office or call 1-800-SSA-1213.

Credit for Excess Taxes.—If more than one employer paid you wages during 1996 and

more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you may claim the excess as a credit against your Federal income tax. See your income tax return instructions.

Box 1.—Enter this amount on the wages line of your tax return.

Box 2.—Enter this amount on the Federal income tax withheld line of your tax return.

Box 8.—This amount is **not** included in boxes 1, 5, or 7. For information on how to report tips on your tax return, see your tax return instructions.

Box 9.—Enter this amount on the advance earned income credit payment line of your tax return.

Box 10.—This amount is the total dependent care benefits your employer paid to you (or incurred on your behalf). Any amount over \$5,000 is included in box 1. This amount may be taxable unless you complete Schedule 2 of Form 1040A or Form 2441.

Box 11.—This amount is a distribution made to you from a nonqualified deferred compensation or section 457 plan and is included in box 1. Or, it may be a contribution by your employer to a nonqualified deferred compensation plan that is included in box 3 and/or 5.

Box 12.—You may be able to deduct expenses that are related to fringe benefits; see the instructions for your tax return.

Box 13.—The following list explains the codes shown in box 13. You may need this information to complete your tax return.

A—Uncollected social security tax on tips (see "Total tax" in Form 1040 instructions)

B—Uncollected Medicare tax on tips (see "Total tax" in Form 1040 instructions)

C—Cost of group-term life insurance coverage over \$50,000

D—Elective deferrals to a section 401(k) cash or deferred arrangement

E—Elective deferrals to a section 403(b) salary reduction agreement

F—Elective deferrals to a section 408(k)(6) salary reduction SEP

 $\mbox{G-Elective}$ and nonelective deferrals to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see Form 1040 instructions for how to deduct)

J—Sick pay not includible as income

 $\mathbf{K}\text{---}\mathsf{Tax}$ on excess golden parachute payments

L—Nontaxable part of employee business expense reimbursements

M—Uncollected social security tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see Form 1040 instructions)

P—Excludable moving expense

reimbursements

Q—Military employee basic quarters, subsistence, and combat pay

Box 15.—If the "Pension plan" box is checked, special limits may apply to the amount of IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals in box 13 (for all employers, and for all such plans to which you belong) are generally limited to \$9,500. Elective deferrals for section 403(b) contracts are limited to \$9,500 (\$12,500 in limited circumstances, see Pub. 571). The limit for section 457(b) plans is \$7,500. Amounts over that must be included in income. See instructions for Form 1040.

a	Cont	rol number		OMB No.	1545-0008								
b	b Employer's identification number						es, tips, other	compensation	2	Federal i	ncome tax withheld		
c Employer's name, address, and ZIP code						3 Soci	al security w	ages	4 Social security tax withheld				
						5 Med	licare wages	and tips	6 Medicare tax withheld				
						7 Soci	al security tip	ps	8 Allocated tips				
d	d Employee's social security number						9 Advance EIC payment				10 Dependent care benefits		
e	e Employee's name, address, and ZIP code						11 Nonqualified plans				12 Benefits included in box 1		
						13			14	Other			
						15 Statutory employee	Peceased P	Pension Legal Ian rep.		lshld. Su mp.	btotal Deferred compensation		
16	State	Employer's sta	te I.D. No.	17 State wages, tips, etc.	18 State i	income tax	19 Locality	name 20 Loca	il wag	es, tips, etc.	21 Local income tax		

Wage and Tax 1996

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

5 WA

MB No. 1545-0008			
1 Wages, tips, other compensation	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12 Benefits included in box 1		
13 See Instrs. for Form W-2	14 Other		
15 Statutory Deceased Pension Legal employee plan rep.	Hshld. Subtotal Deferred emp. compensation		
tips, etc. 18 State income tax 19 Locality name 20 Local	wages, tips, etc. 21 Local income tax		
	1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 Advance EIC payment 11 Nonqualified plans 13 See Instrs. for Form W-2 15 Statutory Deceased Pension Legal rep.		

Wage and Tax 1996

For Paperwork Reduction Act Notice, see separate instructions.

Copy D For Employer

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